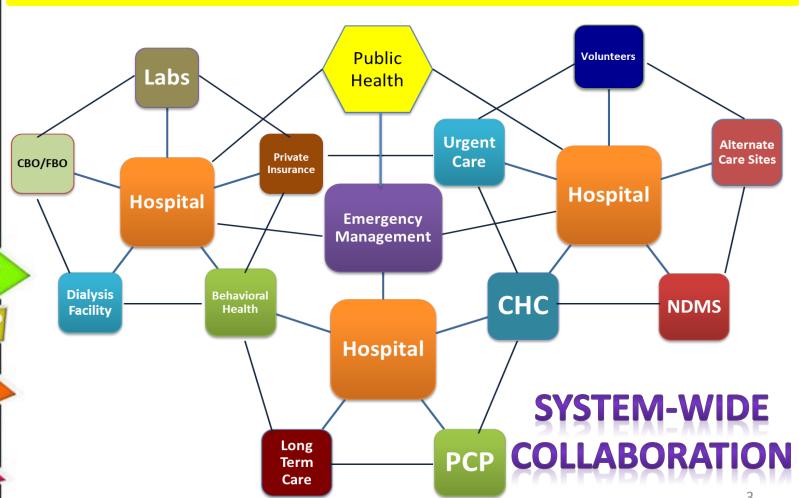


### Goal, Purpose, & Charge of Regional Coalitions



#### **Healthcare Coalition (HCC)**



#### **Healthcare Coalition (HCC)**

# Health and Human Services Definition of healthcare coalition (HCC):

A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.



#### IS

- A Multi-agency coordination group that includes multiple organization members within the response community
- A collective team that assists
  Emergency Management and
  Emergency Support Function (ESF) #8
  partners
- A collaborative effort to plan, organize, equip, train, exercise, evaluate and outline corrective actions

### **IS NOT**

- One individual agency/organization
- Two individual agencies/organizations
- Hospital-only regional group
- Public health-only regional group
- A deployable response team
- Made up primarily of individuals, but of organizations





### **DOES**

- Focus on the cycle of preparedness, response, recovery, and mitigation activities
- Promote situational awareness for HCC members
- Conduct regional healthcare coalition meetings
- Engage partners in Hazard
   Vulnerability Assessment (HVA)
   discussions

### **DOES NOT**

- Conduct non-preparedness or non-response related activities or business
- "Command" the actions of Coalition members or any other response entities it might interact with during an emergency
- Use only one county-level Hazard Vulnerability Assessment (HVA) for substitution of the entire regional HVA



### **DOES**

- Have the ability to share
   Essential Elements of Information
   (EEIs) data electronically across the
   HCC (e.g., bed status)
- Utilize subject matter experts from across the region for information sharing

### **DOES NOT**

- Have to own the electronic systems being shared or utilized within the region
- Have to have the resources locally, but have access to resources within the region



#### **Healthcare Coalition (HCC)**

### **Purpose of HCC**

Healthcare system-wide approach for preparing for, responding to, and recovering from incidents that have a public health and medical impact in the short-and long-term.

### **Primary Function of HCC**

Sub-state regional healthcare system emergency preparedness activities involving the health and medical members. This includes planning, organizing, equipping, training, exercises and evaluation.



#### **Healthcare Coalition (HCC)**

### Response of HCC

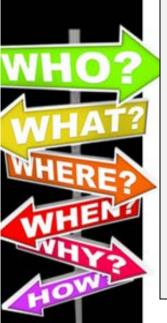
HCCs should represent healthcare organizations by providing multi-agency coordination advice on decisions made by incident management regarding information & resource coordination

#### Advice through:

 A multi-agency coordination group to assist incident management (area command or unified command)

OR

 Through coordinated plans to guide decisions regarding healthcare organization support



# WHO?

#### **Coalition Member Organizations**

- Hospitals (at least 1)
- Public health
- EMS providers
- Emergency Management
- Mental/behavioral health providers
- Long-term care providers
- Specialty service providers (e.g., dialysis, pediatrics, woman's health, stand alone surgery, urgent care)
- Primary care providers
- Community Health Centers
- Tribal Healthcare
- Other healthcare providers
- County Coroner
- Public safety
- Private entities associated with

healthcare (e.g., Hospital associations)

- Support service providers (e.g., laboratories, pharmacies, blood banks, poison control)
- Federal entities (e.g., NDMS, VA hospitals, IHS facilities, Department of Defense)
- Volunteer Organizations Active in Disaster (VOAD)
- Faith-based Organizations (FBOs)
- Community-based Organizations (CBOs)
- Volunteer medical organizations (e.g., American Red Cross)



## WHERE?

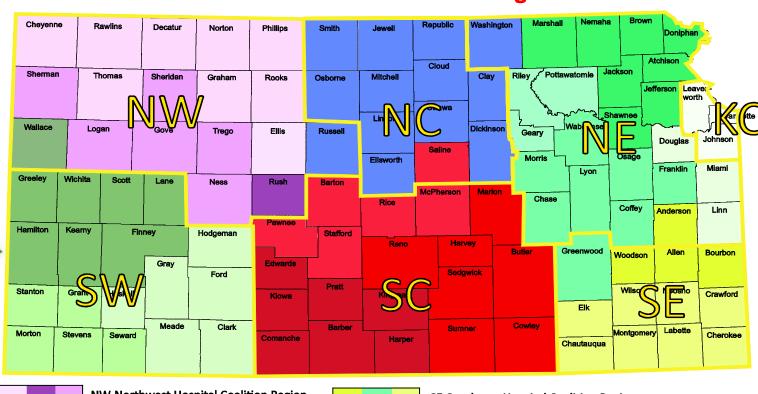
- Regional-based preparedness programs already in place
- Common purpose:
  - To serve as a collaborative network of healthcare organizations to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.



# WHERE?

### Kansas Healthcare Coalitions

Don't Recreate the wheel! Use existing networks.





**NC-Northcentral Hospital Coalition Region** 



SE-Southeast Hospital Coalition Region

**NE-Northeast Hospital Coalition Region** 

KC-Kansas City Hospital Coalition Region

# WHEN?

#### **Five Year Grant Period**

Working in close collaboration with internal and external subject matter experts (SMEs), ASPR and CDC developed a set of new performance measures that enable ASPR and its HPP awardees to:

- Enhance situational awareness
- Provide technical assistance
- Support program improvement and inform policy
- Increase transparency
- Promote **sound stewardship** of Federal tax dollars by using the data to assess impact of public funding and ensure that the American taxpayer sees a return on his or her investment.



# WHY?

- -Funding
- -Time & energy of coalition members & partners
- -Equipment & meeting space
- -Development of coalition charter
- -Coalition meetings
- -Regional Hazard Vulnerability discussions
- -Planning material & MOU development
- -Regional support & technical assistance
- -Regional evaluations through questionnaire assessments

- -Active charter #of meetings
  - #of partnering agencies
  - #of training materials
  - #of capabilities strengthened
  - #of five year performance measures achieved

- -Formalized Coalition
- -Cross-jurisdictional partnerships
- -Continuity of planning
- -Active and engaged members
- -Increased knowledge of available resources & resource agreements
- -Region-wide integrated & coordinated health & medical planning & response
- -Maximizing funding & resources

-Enhanced emergency preparedness & response readiness of local/community

healthcare system

-Have or having access to supplemental resources & jurisdictional subject matter experts across the region

Healthcare Coalition Objectives for 2013-2014

### STATE WORK PLAN PERSPECTIVE

Capability 1 Healthcare Preparedness: By the end of BP2, the seven healthcare coalitions in collaboration with ESF 8 partners, will review and revise organizational and community standard operating procedures and plans to prioritize and address gaps related to: medical surge, emergency public information and warning, and volunteer management.

Activity 1: All *healthcare coalitions* will coordinate at least quarterly meetings between July 1, 2013 and June 30, 2014 to:

- Increase communication among all essential partners
- Address regional gaps in healthcare preparedness
- Establish partnerships to manage and monitor resources
- Identify gaps in resources related to medical surge, public information and warning, volunteer management and NIMS compliance.



Capability 10 Medical Surge: By the end of BP2, Advanced Burn Life Support (ABLS) training will be conducted statewide for physicians, nurses, emergency medical service personnel and other health and medical professionals.

Activity 1: Conduct training in each of the state's seven hospital preparedness regions to increase the Kansas medical community's ability to deliver care to burn victims and reduce the number of unnecessary transfers to burn centers in an instance of medical surge.

- 1) Diverse medical community representation at each regional training as evidenced by sign in sheets.
- 2) Promotion of the training opportunity at *healthcare coalition* meetings as evidenced by coalition meeting minutes and sign in sheets.



Capability 10 Medical Surge: By the end of BP2, in collaboration with the Kansas Clinical Resource Network, Kansas HPP will support development of tools, training and education to engage local healthcare providers to update standards of care/critical resource management protocols which will enable them to evaluate catastrophic patient resource management situations.

Activity 1: Conduct training in each of the state's seven hospital preparedness regions, twice during the budget year for a total of 14 statewide training sessions.

#### Output:

1) Promotion of the training opportunity at *healthcare coalition* meetings documented through meeting minutes/summaries and sign in sheets.



Capability 15 Volunteer Management: By September 30, 2013, analyze on a county level the current health and medical professional volunteer capacity as registered in the ESAR-VHP system.

Activity 2: Provide current county level health and medical volunteer data to all seven *healthcare coalitions* and local ESF 8 jurisdictions to be discussed at *healthcare coalition* meetings and local ESF 8 meetings.

- 1) Documentation of discussion of current community volunteer capacity as evidenced in *healthcare coalition* meeting minutes.
- 2) Documentation of discussion of current community volunteer capacity in community hospital quarterly work plans.



Capability 15 Volunteer Management: By the end of BP2, communities will increase the number of health and medical volunteers registered in the ESAR-VHP system.

Activity 1: Recruit community health and medical professionals to register in the ESAR-VHP system to deploy as needed in time of a disaster.

- 1) Quarterly county level reports on community volunteer capacity.
- 2) Recruitment material provided through *healthcare coalitions* and local ESF 8 jurisdictions.



Capability 15 Volunteer Management: By the end of BP2, Kansas ESAR-VHP protocols for local emergency operations center, healthcare organizations, and local Kansas ESAR-VHP administrators will be implemented into local and regional plans and standard operating procedures.

Activity 1: Conduct online and face-to-face training for local ESAR-VHP administrators to enhance situational awareness of the Kansas ESAR-VHP system and to expand established or newly defined volunteer management planning capabilities within the health and medical community.

- 1) Certificate available for online training for local ESAR-VHP administrators from KS-TRAIN.
- 2) Sign in sheets and meeting minutes/summaries to evidence face-to-face training through each *healthcare coalition meeting* or as requested by local ESF 8 jurisdictions from July 1, 2013 through June 30, 2014.



# HOW? Steering Committee Objectives

Capability 1 Healthcare Preparedness: By the end of BP2, the seven healthcare coalitions will share information and best practices intended to further reach, include and educate essential partners via consistent messaging.

Activity 1: Disseminate consistent messages, developed by the *HCC Steering Committee*, to promote the understanding of roles of the healthcare coalitions in Kansas for health and community preparedness. Kansas HPP will target health and medical partners, special populations and potential members through associations and organizations

- 1) Meeting minutes/summaries will be used to document workgroup activity related to consistent message dissemination.
- 2) Publications will be distributed to existing coalition members and ESF8 partners.
- 3) Publications will be distributed to state and local associations and organizations
- 4) Messages will be distributed through social media outlets.



# Statewide Collaboration Stepping Stones, Thus Far

#### October 2012 -

Preparedness Training Workshops

### January 2013 -

"Initial" Steering Committee Meeting

### May 2013 -

Kick off Steering Committee Meeting

### July 2013 -

Full Steering Committee Meeting



